

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/766,055 issued 7372706
Filing Date	Jan 28, 2004 issued May 13, 2008
First Named Inventor	Ronnie L. Bell
Art Unit	2841
Examiner Name	LEVI, DAMEON E
Attorney Docket Number	026808-002210US

**To:** Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;

the practitioners (with registration numbers) of record listed on the attached paper(s); or

the practitioners of record associated with Customer Number: 20350

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

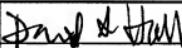
B.  Inventor or  
Assignee name      American Power Conversion Corporation c/o Shane Hunter

Address      Gilman Clark LLC  
176 Federal Street, 4<sup>th</sup> Floor

City	Boston	State	MA	Zip	02110	Country	USA
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Telephone	858.444.6176	Email	shunter@gilmanclark.com
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature      

Name	David A. Hall	Registration No.	32,233
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Address	Kilpatrick Townsend & Stockton LLP Two Embarcadero, Eight Floor
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City	San Francisco	State	CA	Zip	94111-3834	Country	USA
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Date	March 22, 2011	Telephone No.	858-350-6100
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**NOTE: Withdrawal is effective when approved rather than when received.**

[Page 2 of 2]